DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC JUN 10 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18367

State File No.

Registration District No. 208

Primary Registration District No. 4324 3762

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Philadelphia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 67

(a) State Missouri (b) County Marion 1 1

(c) City or town Philadelphia
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ISABELLE R. BLEIGH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 9 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
85	9	26	hr. min.

9. Birthplace Hardy Co. (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Jonathan Rinker

13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Annie Wilkins

15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J Bleigh

(b) Address Philadelphia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7-43 (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia Mo

18. (a) Signature of funeral director R. M. Aklen

(b) Address Philadelphia Missouri

19. (a) May 6-43 (Date received local registrar) (b) Mrs Margaret Medd Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1943 hour 3 P minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 10, 1939, to May 5th, 1943; that I last saw her alive on May 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

§ 36

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. C. E. Shriver (M. D. or other) MD

Address Philadelphia, Mo. Date signed 5/6/43

1145

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECO

[redacted]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. M Allen

Licensed Embalmer No. 2437

P. O. Address Philadelphia M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.